

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-5337.M4

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/1/03.

I. DISPUTE

Whether there should be reimbursement for office visits – 99203 and 99211, aquatic therapy – 97113, neuromuscular reeducation - 97112, gait training – 97116 and massage - 97124 from 4/9/02 through 6/19/02 denied on the basis of “E” – entitlement and “L” – not the treating doctor.

II. RATIONALE

Commission Rules 133.307(j)(2) states, “The response shall address only those denial Reasons presented to the requestor prior to the date the request for medical dispute resolution was filed with the division and the other party. Responses shall not address new or additional denial reasons or defenses after the filing of an request. Any new denial reasons or defenses raised shall not be considered in the review.” Although there was an allusion to medical necessity raised by the respondent. It was not raised until after the dispute had been filed. Therefore, medical necessity will not be considered in this decision.

Rule 124.3(c) Texas Labor Code, §409.021 and subsection (a) of this section do not apply to disputes of extent of injury. If a carrier receives a medical bill that involves treatment(s) or service(s) that the carrier believes is not related to the compensable injury, the carrier shall file a notice of dispute of extent of injury (notice of dispute). The notice of dispute shall be filed in accordance with §124.2 of this title and be filed not later than the earlier of:

- (1) the date the carrier denied the medical bill; or
- (2) the due date for the carrier to pay or deny the medical bill as provided in Chapter 133 of this title.

Commission records do not indicate that a TWCC-21 was filed by the respondent denying the disputed services on the basis of compensability or extent of injury. Therefore, all services denied on the basis of “entitlement” will be reviewed per the Medical Fee Guideline.

The services denied on the basis of “L” - not the treating doctor will also be reviewed based upon the Medical Fee Guideline. Prior to the initiation of therapy, the requestor received a referral

from the treating doctor, and is therefore approved to treat the injured worker. A copy of the referral letter was submitted by the requestor.

On this basis, all disputed services will be reviewed per the 1996 Medical Fee Guideline.

DOS	CPT Code	Billed	Paid	Due	Rationale:
4/9/02	99203	74.00	0.00	74.00	The documentation submitted by the requestor supports delivery of service as billed. Reimbursement is recommended.
4/9/02 thru 6/19/02	97113 x 72 units	52.00 per unit	0.00	3,744.00	See above.
4/9/02 thru 6/19/02	97112 x 22 units	35.00 per unit	0.00	770.00	See above.
4/9/02 thru 6/19/02	97116 x 22 units	35.00 per unit	0.00	770.00	See above.
4/9/02 thru 6/19/02	97124 x 22 units	28.00 per unit	0.00	616.00	See above.
4/11/02 thru 6/19/02	99211 x 19 units	18.00 per unit	0.00	342.00	See above.
TOTALS			0.00	\$6,316.00	

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 99203, 97113, 97112, 97116, 97124 and 99211 in the amount of **\$6,316.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$6,316.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of March 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/nlb